

No. 50

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16 Feb^{ur}

University of Pennsylvania.

A Dissertation on
Measles;
for the degree of
Doctor of Medicine.

February 7th 1811.

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An Inaugural Dissertation &c.

There is no subject which more perplexes the medical student at the closing period of his studies than the choice of a proper topic for his inaugural thesis. Feeling a laudable wish to enter on the business of his profession with respectability, if not with some degree of reputation, he is anxious to introduce into his inaugural essay something, the novelty of which may prove, an active and original intellect. He is averse to travelling the same dull road of common observation and detail which has been trod by thousands before him, without pointing out some objects of interest and importance unnoticed by his predecessors. He would enliven the description of morbid symptoms with the fanciful ornaments of Rhetoric, and steal from the palace of imagination some beautiful illustrations of his subject; but the almost

utmost simplicity of language is the best vehicle for medical truth, and it were a monstrous incongruity to combine the refinements of poetical fiction, with the humble and severe account of practical directions. Beside, the years of medical pupillage are not devoted to the framing of beautiful theories, or the performance of such series of experiments as may tend to the development of new and interesting discoveries; the medical student, however diligently he may have applied himself to study, can do little more than lay a foundation of solid principles on which he may erect his future usefulness and fame; and all that can be reasonably expected in his inaugural dissertation is, that he should give sufficient proof that he has remembered what he has heard and read.

The author of the ensuing pages has nothing new to offer his reader. The greater part of his medical knowledge he owes to lectures

the first time I have ever been in
such a place. The country is very
flat and the ground is covered with
a thin layer of soil. The trees are
mostly palm trees and there are
many small streams of water. The
people are very poor and live in
small houses. The houses are made
of mud and sticks. The people
are mostly black and they speak
a language that I do not understand.
The food is mostly rice and beans.
The people are very friendly and
welcoming. I am staying in a
small village and the people
here are very kind to me. I am
very happy here and I am looking
forward to my return to the
United States.

lectures and to books, and to these he must be indebted for the materials of this essay. He has chosen his subject, not because it presented any peculiar advantages, but because it will answer his purpose as well as any other, and to compensate his reader for the fatigues of going over ground with which he must be so well acquainted, the journey shall be rendered as short as possible. —

The object of the following sheets is to give a succinct account of measles. —

Cullen defines this disease to be, a contagious synochia, accompanied by sneezing, a flux of the lacrymal humours, and a hoarse, dry cough. On the fourth day, or a little later, small red specks appear on the body, which hardly rise above its surface, and which at the end of three days go off in bran like scales. This, on the whole is a good definition; what is defective in it will be noticed in the course of our remarks. —

Of this

Irregular marks not
seen from Scarlet Angler

Of this affection, as of the greater number of diseases to which the human body is liable, several varieties have been pointed out. To enumerate these were an unnecessary task, as there can be little difficulty in deciding on the treatment proper for each particular case, when the general method of cure is known. Measles has been divided into the regular and irregular forms of the disease, but I believe it will be found that on a careful inspection of the symptoms which are said to characterize irregular measles, there can be little foundation for the opinion that this affection is at all different from the *Scabiatina Auginosa*. -

In treating our subjects we shall begin with the general symptoms of Measles, and afterwards distinguish the diagnostic and prognostic signs. -

About the eleventh day after having been exposed to the cause of the disease, the patient is attacked by frequent chills, succeeded by heat.

The Disease

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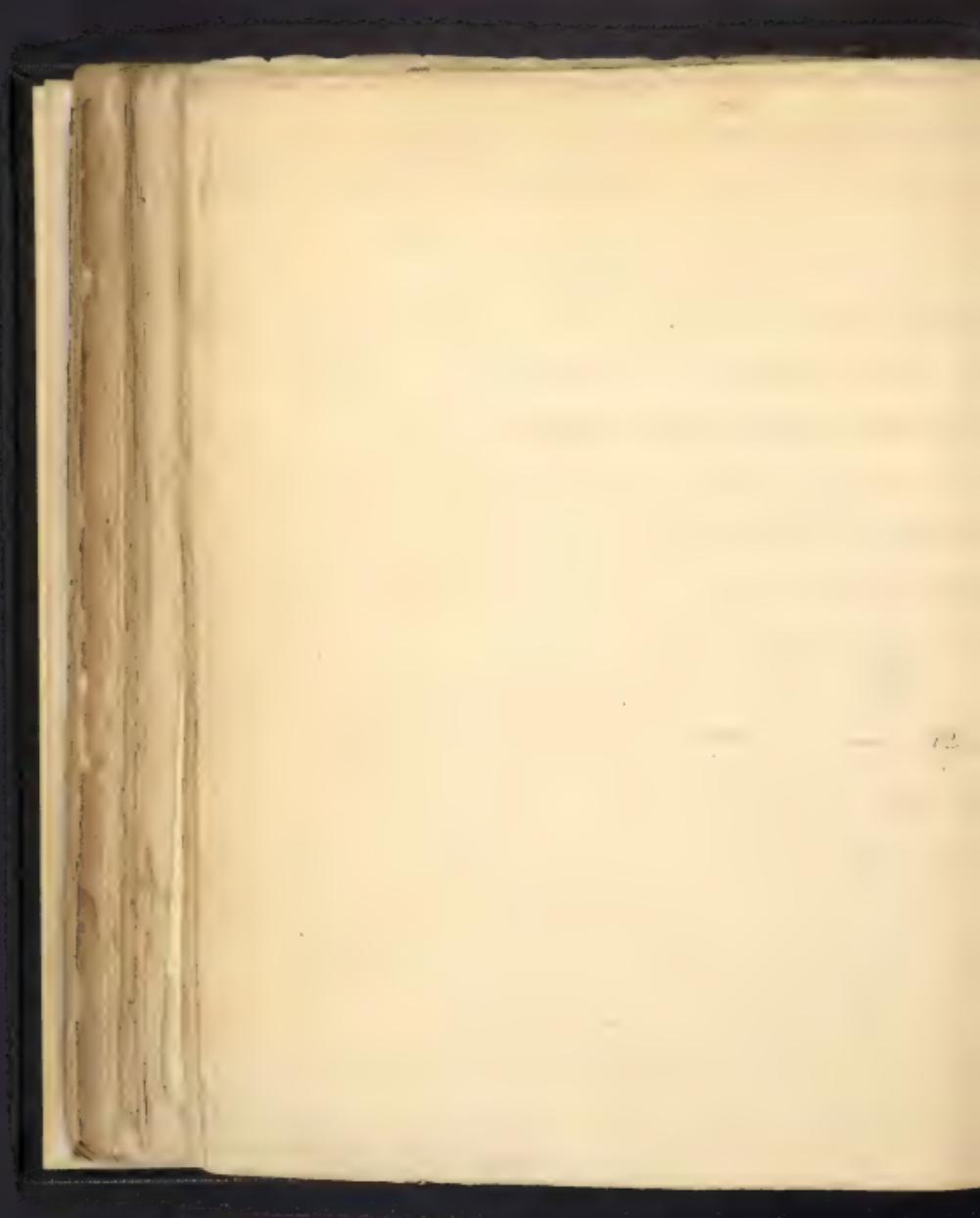
The disease according to Prof. Barton, is so soon if ever, ushered in by a strong chill. From the beginning the patient is troubled with a dry hoarse cough, and complaints of heaviness of the head and eyes. Pains of the loins, flushing of the face, and difficult respiration are almost always attendant, together with a thin discharge from the eyes and nose as in coryza. There is sometimes a discharge of blood from the nose. The patient complains of thirst, and is often affected by nausea, and sometimes vomits. The matter vomited is generally of a bilious nature. The tongue is usually white and moist. A great disposition to sleep almost always attends the eruptive fever of measles, and delirium not unfrequently. The skin is usually dry, and the pulse quick and forced. The eyes are lame, inflamed and watery.

Towards the end of the second, or beginning of the third day, and here Bulwer's definition is defective) the eruption makes its appearance. It generally begins on the face in small red points

which have been compared to flea bites, and extends from thence over the rest of the body. The eruption is thicker in some places than in others forming clusters or blotches. In a day or two the eruptive spots assume a brownish hue, and about the eighth day from the commencement of the complaint generally disappear, leaving a whitish appearance over the body, occasioned by the death of the scurf skin. This last process is termed desquamation; it commonly begins on the face with an itching.

After the appearance of the eruption in very mild cases the febrile symptoms suffer a considerable remission; but in general the fever does not go off till the period of desquamation and if it continues beyond that, as it sometimes does, the fever rarely ceases to keep pace with it. It does not at any period of the disease irritate the inflammatory breast.

Sic noster stolidus. No case has been connected with several other complaints, and with



more more frequently than *Scutellaria*. It may
or so, be taken, instead by the following
or taken by a common tea as follows
in the one species as in the other, but there is
always lots of *Scutellaria* there to mix.
So the latter after the evaporation is a little
above the surface. The water should be
boiled for a while & then be used in
second tea. The water to be used for tea
now is the one mentioned. The water should be
hot when you are making of first tea
but when you are making of second tea
we may be sure that the water is heating
of *Scutellaria*. *Monilia* is seldom happens, & that
is generally to be taken with the

Perhaps the best diagnostic sign placed in the
radiological appearance of the bone tumor,
while it much more common in occurring than
in other forms, will affect the history and
cancer test, since the cancer is known and, par-
ticularly, in early metastasis for the cancer
more extensive scope. The appearance of the bone



the action of which the nature of the affection, and as the expectoration which precedes it, are such as are common to the majority of phlegmaceous diseases, there can be little danger of error in their treatment.

Prognostic signs. The favourable symptoms are a moist skin, while the respiration is easy and copious; expectoration after a protracted, and laborious, which however will not be so continued, occurring after a full respiration; an easy and free deglutition, leaving the patient entirely without pain; a mild diuresis; a moist skin, and dulcioris in the action of the bowels, and a pulse not very rapid.

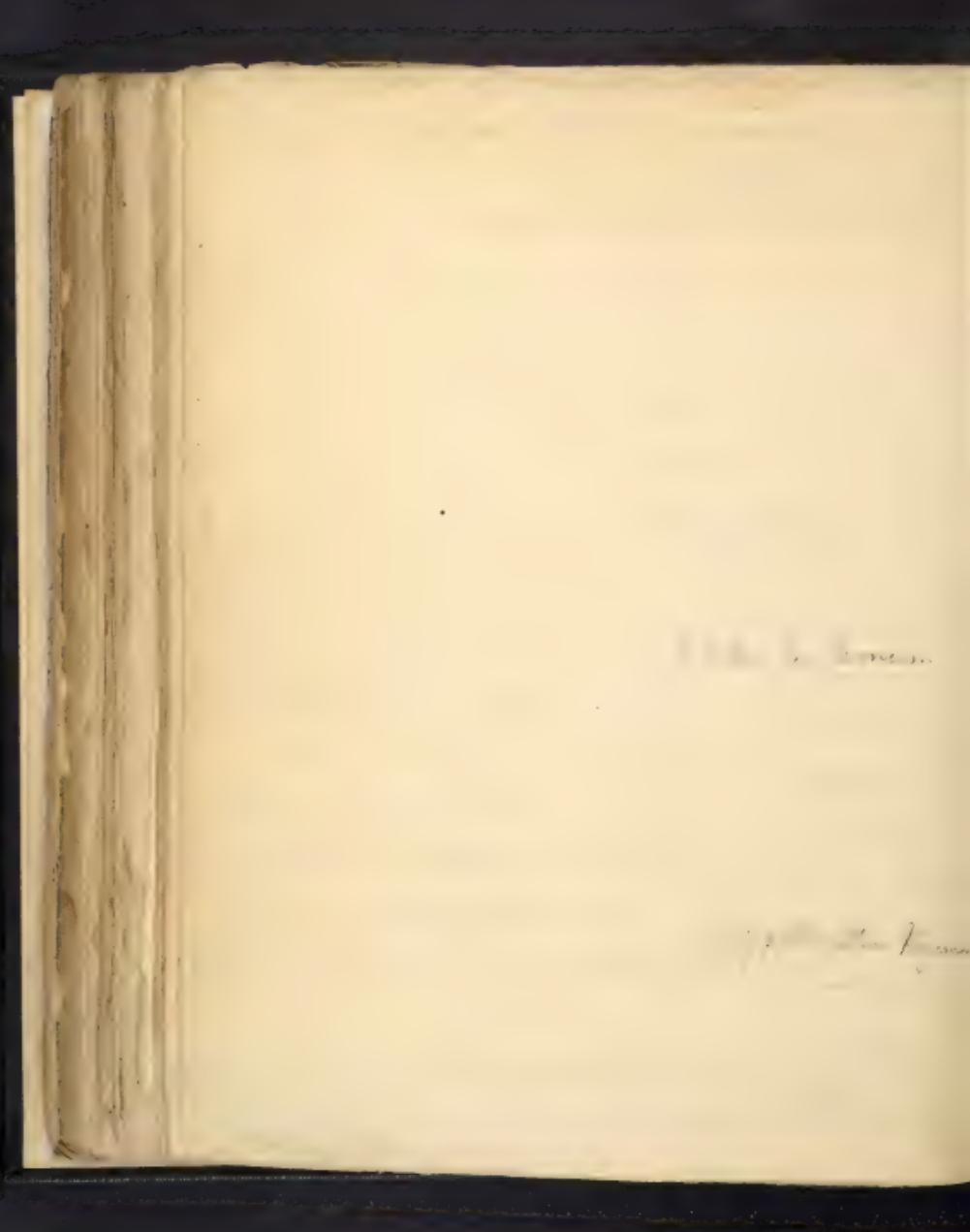
The unfavourable signs are, a pulse very hard and frequent, laborious breathing, a hot, parched skin, acute pain in the back preceding the respiration, the respiration remaining red longer than usual, or presenting a livid or black colour, the respiration and fever remaining after the series of deglutition; the return of coma after the respiration; noticias



delicacies, spasmus of the limbs, profuse sweat, &
subacute tenderness.

Of the treatment of Measles, it is not
less a good rule to relieve the patient and
inflammation than to let him as far as be convenient
that our first and most important duty is
to remove the patient from the vicinity of the
contagious agent. It is not well that it
ought to be employed in the removal of the
contagious, but as it is now known that it is
equally efficacious in all the stages of the disease
though it be not to give symptoms of it
of course after the eruption, bleeding may be
required till then we may frequently & easily
in moderate profusion, according to the
Gardens, as in common practice. The state
of the pulse and general condition of the pa-
tient & constitution will usually give us correct
indications of the propriety of employing the
lancet.

Cathartics are very important remedies in
Measles. They should be of the mild and op-
erative

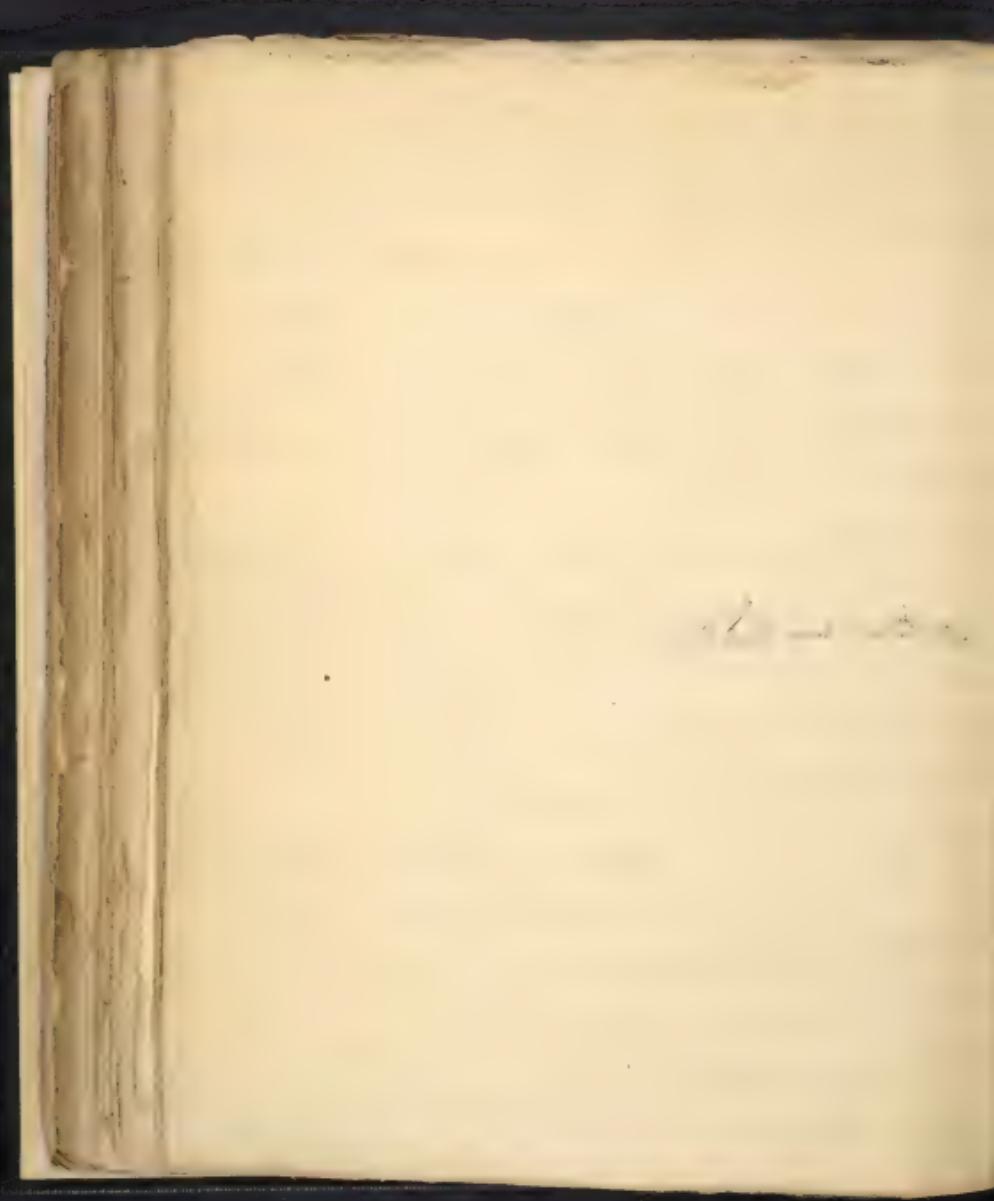


creatin' hair, strong purges being seldom if ever required. A combination of the salt of lather and cream of lather was a favorite purge in this complaint of my preceptor the late Dr. Heath. These medicines combined act more powerfully than either separately. Irritatives are useful in rheumatism by abstracting excretment, particularly from the head where it is very apt to accumulate.

I have in two or three cases seen the best effects result from the application of blisters over the sternum, and Dr. Brereton remarks that they are as important in rheumatism as in pneumonia. They are exceedingly useful in laying irritation in the lungs.

On account of the very inflammatory nature of rheumatism, the antiphlogistic regimen should be strictly observed. The patients don't ought to consist entirely of vegetables as rice, arrow root, sago &c. Milk has been recommended in this complaint, but as it contains

meat



such a disease and has a tendency to increase in fibrous & granulous & should be suited to the management of it. The winds best fit to be of the kind we call silent, i.e. dry & cool, impregnated with some volatile aromatic air, (camphorated water &c), & should be plentifully taken.

The analogy of measles to the small pox induced me to additioons to such those will see is useful in this case as in the other disease. The danger which would result from the sudden disappearance of the eruption would induce me to say that it should employ cold to a very precarious security. The patient, however, should have the advantage of cool air, and with this view, if agreeable to his own feelings, ought not to be confined to bed.

To allay the cough which is a most trouble some symptom in this disease, Mullen tea, or a tea made from the flowers of the violet tree which is particularly well mounted by



the professor of practice in this University, six proper remedies. The safety of employing opium in the former disease is now in every practice established. As to a physician who is shown even that after sufficient repetition several doses of the medicine in the shape of tincture, pills, lozenges are not merely safe but even insinuating, it would be gross error.

Opium will generally yield to blisters, particularly the vapour of mercurial vapours, mixed with ether, the volatile alkali, and nitre peroxes, according to the state of the syphonia. Blisters are very useful in softening this part, however

the hardness which sometimes remains months and years after an attack of syphonia, has been attempted to be cured by venesection and demulcents, but lozenges and stimulants to answer this purpose better. Opium given at night is a very effectual remedy for this symptom. Vol. alk. is a favorite with Dr. Bickler in this disorder.



1818. Oct 10th.

Measles certainly depends on specific contagion, as it affects persons but now in their kind. The disease does not appear in less than six or eight days after exposure to the contagion. A certain predisposition seems necessary, according to Dr. Norton, before the disease can be taken, for that gentleman has observed the affection seize three children in the same house and has by a fourth, who, notwithstanding, ^{has had} ~~still has~~ the disease at some former period.

The complaint is most common about the middle of winter, but Dr. Norton has known the disease epidemic at all seasons of the year in this city. It is most disposed to affect children, but adults are liable to it.

The disease is most violent in children and ^{adolescence} has a very apt to call into action very acrophilous tend. that may be seen being in the system. Measles differs from small

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not in not being dangerous to pregnant women.

Professor Barton observes that children are particularly liable to cholera infantum during the summer succeeding an attack of measles; and that adults who have had the disease in the spring are more than usual obnoxious to dysentery. He remarks further that infants before the eruption are sometimes attacked by convulsions, which, however, are not dangerous, and readily yield to cool air, laudanum, and brandy stimulants.

There is a variety of measles accompanied by catarrh, which is important to be remembered because the patient will still be liable to the true disease at some future period.

Dr. Horne of Edinburgh was the first person who attempted to communicate the disease by inoculation; the experiment succeeded,



receded, and Dr Horne declares that in those persons who received the disease in this way the fever occurred earlier, the symptoms were milder, and no affection of the lungs remained after it. Inoculating for the Measles is now seldom if ever practised. Dr Warton judiciously proposes calling this process rubcolating, which is a term certainly professing a great deal more meaning than many of the current expressions in the different departments of medicine.—

The preceding remarks contain, I believe, an account of Measles sufficiently accurate to enable a practitioner to distinguish and cure the disease. To say that in this account there are no errors, would be the language of ignorance and presumption; but I may hope that these errors are not of the first magnitude, and will be noticed by the

more

16.

more enlightened reader with that tenderness
which the inexperienced student will al-
ways be sure of from the candid and
liberal professor.

Finis.

and the same with
the other entries it
is clear the lot of us is
poor